Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
	STATE PLAN U	NDER TITLE XIX OF T	HE SOCIAL SECURITY ACT
	State/Territory	: WASHINGTON	
		l Sliding Scale Pre ed Disabled and Wor	
qualif	ollowing method fied disabled an a)(10)(E)(ii) of	d working individua	ne the monthly premium imposed on als covered under section
		NONE	
			•
for pr	emium payment,	notification of the	l is as follows (include due date consequences of nonpayment, and er of premium payment):
		NONE	
	on provided on	attachment.	
TN No.	Approval	Date 1/21/92	Effective Date
TN No.		, , , , , , , , , , , , , , , , , , , ,	HCFA ID: 7986E
		•	
			HCFA ID: 7986E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4.18-E Page 2 OMB No.:0938-	
.=.	STATE PLAN UND	ER TITLE XI	X OF THE S	OCIAL SECURITY ACT	
	State/Territory:	WASHI	NGTON		
				re used to pay for pr	emiums
_/	Yes	_/	No		
			N/A		
a pre	riteria used for a mium because it want it was ided below:	determining ould cause a	whether than undue ha	ne agency will waive ardship on an individ	paymer ual az
			N/A		
-					
4D	lon provided on a	ttachment.			
	(3/ 7/2)				
	Approval D	ate $\frac{1/2l}{2}$	192-	Effective Date	1,141